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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/353,670
	Filing Date	07/15/1999
	First Named Inventor	George D. Prell
	Group Art Unit	1623
	Examiner Name	Wilson, J.
Total Number of Pages in This Submission	Attorney Docket Number	AP31817

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <input type="checkbox"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112	
Signature	<i>Carmella L. Stephens</i>	Att Name: Carmella L. Stephens PTO Reg: 41,328
Date	03/25/2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 03/25/2002		
Typed or printed name	Carmella L. Stephens	
Signature	<i>Carmella L. Stephens</i>	Date 03/25/2002



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FEE TRANSMITTAL for FY 2001 <i>Patent fees are subject to annual revision.</i>		Compleat if Known	
		Application Number	09/353,670
		Filing Date	07/15/1999
		First Named Inventor	George D. Prell
		Examiner Name	Wilson, J.
		Group Art Unit	1623
TOTAL AMOUNT OF PAYMENT		Attorney Docket No. AP31817	
(\$)		460	

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 02-4377 Deposit Account Name: Baker Botts LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	
SUBTOTAL (1)			460
2. EXTRA CLAIM FEES			
Total Claims	20	Extra Claims Fee from below	Fee Paid
Independent Claims	3		
Multiple Dependent			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	
18	9	Claims in excess of 20	
84	42	Independent claims in excess of 3	
280	140	Multiple dependent claim, if not paid	
84	42	** Reissue independent claims over original patent	
18	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$) 0
**or number previously paid, if greater; For Reissues, see above		Other fee (specify) _____	
		SUBTOTAL (3) (\$) 460	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Carmella L. Stephens	Registration No. (Attorney/Agent)	41,328
Signature	<i>Carmella L. Stephens</i>	Telephone	(212) 408-2539
		Date	03/25/2002

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